

DATE \_\_\_\_\_

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 6-93c)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME R. Steven Tharratt, MD			SSN or EMPLOYEE NUMBER*			DEPARTMENT EMSA		
POSITION Director			CB/ID No.			DIVISION or BUREAU Emergency Medical Services Authority		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER (916) 322-4336		
CITY El Dorado Hills			STATE CA			ZIP CODE <del>95608</del> 95672		
CITY Sacramento			STATE CA			ZIP CODE 95811		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
4/25	0900	El Dorado Hills to Redding			10.00			PC		375	306.25		316.25	
4/25	1530	Return											0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	10.00	0.00	0.00	0.00		0.00	375	306.25	0.00	316.25
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

316.25

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend and speak about the "California EMS Perspective from Sacramento" at the 5th Annual Pre-hospital Northgate Conference, which was held in Redding, CA.

(12) NORMAL WORK HOURS

8-5

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/1/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE